

MARGIN RESERVED FOR BINDING

This supplemental report is to be pasted beneath the original.

3 5M 8-10-35 ARIZC

(This return should preferably be made by the person who made the original) SUPPL

Place of Birth Miami
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	N in of
<u>Female</u>	<u>1</u>		

DATE OF BIRTH* June 13 -
(Month) (Day)

FATHER
FULL NAME Manuel C. C. C.

MOTHER
FULL MAIDEN NAME Guadalupe C. C.

*These items to be entered by the local registrar before giving
Blank supplemental reports of birth may be obtained from the

Form X

BOARD OF HEALTH
AL STATISTICS

REPORT OF BIRTH County Registrar's No.*.....

Gila No..... St.

I HEREBY CERTIFY that the child described herein has been named

Basilia Olga Christy
(Give name in full) (Surname)

Guadalupe Christy
(Parent's Signature)

(Signature of Physician or Midwife)

this form.
registrar

238-613-776

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